

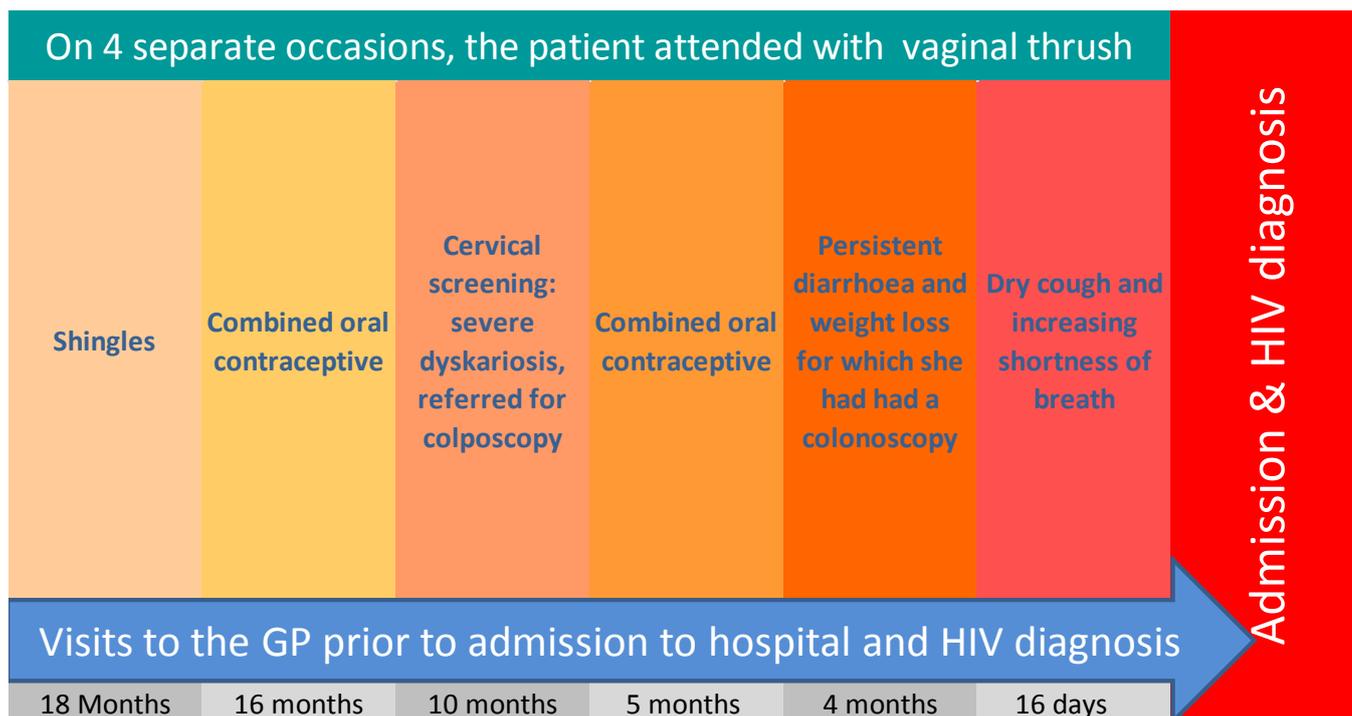
An HIV test I wished I had offered

The GP's story



My patient SK is a 37 year old single mother – her kids are about 17 and 15 years old. I was aware she had divorced 7 or 8 years ago. SK works as a secretary in a secondary school. She was diagnosed with HIV 12 days after admission to intensive care with a severe atypical pneumonia. I know the consultant who was caring for her, and, as I had admitted her, we discussed her case some time after she had been transferred to the ward and was recovering. Because of the severity of her illness, and the apparent delay in diagnosis of her HIV, her consultant was reviewing her care in the hospital. I agreed we would also review our own records to see if we had missed any diagnostic opportunities.

In the 2 years prior to her hospital admission the patient had attended the practice on several occasions:



I was quite shocked when I realised that, with the benefit of hindsight, each and every one of SKs symptoms and conditions were likely to be HIV related. I am embarrassed to recall that at one point she and I shared a joke about how she was having ‘a run of bad luck’ with respect to her health. Even the episodes of contraceptive care might have presented an opportunity to discuss sexual health.

SK’s admission was stormy and she remained in hospital for over 5 weeks, during which time her kids were looked after by her sister. SK was not fit to return to work for over 4 months. She is now well established on antiretroviral therapy, has regained her original weight, and is feeling better than she has for a long time.

I am well aware that, had the practice generally been more proactive in offering HIV tests, we might have spared her that terrible, debilitating illness and prolonged admission. Her kids would not have gone through the horror of seeing their mum in ITU.

It was a crystal clear, adverse, significant event. We ran a clinical meeting on HIV and looked to see if we could find ways to increase HIV testing appropriately by both GPs and practice nurses. I was particularly keen to increase the use of HIV tests as a diagnostic tool, especially by doctors, when symptoms or conditions might be HIV related. I was also concerned to help all of us increase testing with asymptomatic people where there was some indication, because of course people diagnosed at an asymptomatic stage are likely to do so much better.

I think one of my colleagues had been pretty unsure about HIV testing in the past, but we were all shocked by this story and so made sure we overcame any obstacles to testing. I suppose I feel I owe it to SK not to let that happen to any other patients.